

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036848

818

1003

8816

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED SEP 17 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

TOWN St. Louis

Length of stay in 1b

72 yrs

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Firmen Desloge Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY

OR TOWN

Mehlville

Inside Limits

Yes ☒ No ☐

d. STREET (If outside, give location)

ADDRESS

1232 Coronation Drive

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

JOHN

Middle

S.

Last

WEBER

4. DATE

OF DEATH

Month

Day

Sept. 10, 1962

Year

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒Widowed ☐Never Married ☐Divorced ☐

8. DATE OF BIRTH

11/30/1889

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired financial sec'y

10b. KIND OF BUSINESS OR INDUSTRY

Labor Organization

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Stephen Weber

13b. MOTHER'S MAIDEN NAME

Louisa Ashoff

14. NAME OF HUSBAND OR WIFE

Edna Liebig

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

yes

(If yes, give war or dates of service)

WW I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Edna Weber, 1232 Coronation Drive

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Transitional cell carcinoma

INTERVAL BETWEEN ONSET AND DEATH

6 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Of unknown bladder cancer

DUE TO (c)

181.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

anemia, secondary

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

-12-

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1:20 A.

4-27-67 to 9-9-62

and last saw him alive on

9-9-62

Death occurred at

1:20 A.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Jm Maesch M D

22b. ADDRESS

4919 Forest Park 8

22c. DATE SIGNED

9-11-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

9/13/62

23c. NAME OF CEMETERY OR CREMATORY

Lakewood Park Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave

25. DATE RECD. BY LOCAL REG.

SEP 12 1962

26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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Dr. J. Macnish
4919 Forest Park Blvd.
3:30 to 5 PM
FO 7-2667

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student-Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4570

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.